Abstract 0112 – Table: Evolution of outcomes from 1995 to 2010 across age groups

	<75 years (n=7.221) 1995-2000-2005-2010	≥75 years (n=3.389) 1995-2000-2005-2010
VF	4.0 – 2.3 – 1.5 – 1.2%	4.6 – 4.9 – 2.0 – 1.0%
AF	7.7 – 5.0 – 3.7 – 2.9%	21.5 – 16.8 – 9.5 – 10.1%
Reinfarction	NA – 2.3 – 1.5 – 0.8%	NA – 2.9 – 2.4 – 1.8%
Stroke	NA – 0.7 – 0.7 – 0.4%	NA – 1.6 – 1.4 – 0.5%
Shock	4.7 – 4.4 – 4.0 – 2.7%	11.6 – 13.6 – 9.3 – 6.7%
30-day death	7.2 – 4.8 – 2.9 – 1.4%	25.0 – 16.8 – 13.0 – 8.4%
One-year death	10.9 – 8.8 – 5.9 – 3.9%	36.2 – 30.0 – 26.9 – 20.0%

0216

Sex difference of short term and mid-term mortality in patients hospitalized for acute coronary syndrome in France

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Little is known about sex difference of middle-term mortality rates in patients surviving an ACS and about comparison with mortality rates in the corresponding healthy population. Our aims were: 1/to review the sex difference mortality at short-term (28 day) in ACS patients, 2/to describe short-term mortality in relation with middle-term mortality (4 years), 3/to compare sex difference of middle-term mortality in patients surviving an ACS with the corresponding population. 6022 patients hospitalized for a first ACS registered in the Strasbourg (BR), Lille and Toulouse (HG) MONICA registries, between 2009 and 2011 were included. ACS were defined as STEMI, NSTEMI, or unstable angina (UA). Mean follow-up was 50.3 months. 3025 patients (50.2%) were STEMI, 1571 (26.1%) NSTEMI and 1426 (23.6%) UA.

Short-term mortality was 6.7% in men vs 9.0% in women for STEMI (p=0.05), 4.7% vs 4.2% for NSTEMI (p=0.67) and 5.2% vs 6.6% for UA (p=0.29). Middle-term mortality was 7.4% in men and 8.5% in women for STEMI (p=0.39), 11.5% vs 11.9% for NSTEMI (p=0.82) and 8.6% vs 10.9% for UA (p=0.20). The small higher short-term and middle-term mortality in women was removed after adjustment for age and center. In men the middle-term risk of death for STEMI compared with the corresponding population was 3.05 [2.32-4.02] in HG, 2.88 [2.25-3.68] in BR and 2.34 [1.83-2.99] in Lille. In women the risk of death was 6.80 [4.03-11.5], 5.04 [3.04-8.37] and 6.40 [4.28-9.58] in HG, BR and Lille respectively. Considering males and females together, middle-term mortality of STEMI for HG was in relation to the regional population 3.26 [2.56-4.15] and to the French population 4.17 [3.27-5.32], for BR 3.53 [2.83-4.41] vs 3.74 [6.00-4.67] and for Lille 4.40 [3.57-5.43] vs 3.42 [2.78-4.22]. Short-term and middle-term mortality were similar in men and women. In patients surviving an ACS, middle-term mortality was, comparatively to the corresponding population, from 2 to 3 times higher in women than in men.

The author hereby declares no conflict of interest

0565

We are Charlie: emotional stress from "Charlie Hebdo attack" extensively relayed by media increases the risk of cardiac events

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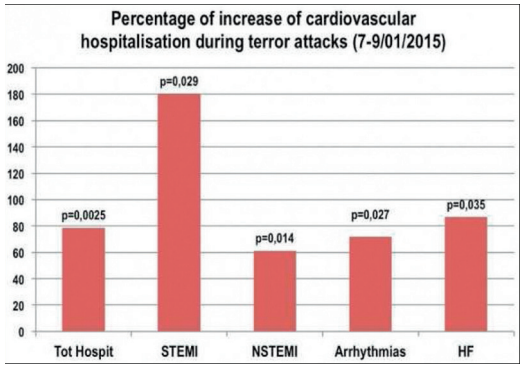
The "*Charlie Hebdo* attack" in the morning of 7 January 2015 opened a 3 days series of terror attacks across Paris region. As France pays homage to victims, local media dedicated a too large part of their programming to a meticulouse coverage of the attacks. We retrospectively analized the activity of our Chest Pain Unit during January 2015 in Toulouse (France) hypothesizing that emotional stress could have triggered increased rate of cardiovascular–related admission. In January 2015 a total of 346 patients were referred to our Chest Pain Unit. Among them, 162 where hospitalized and spent at least one night in hospital; 184 were discharged, we excluded cardiovascular etiologies for their chest pain. We observed a higher rate of hospitalizations when comparing the three days of attaks (7-9/01/15) with rate of admission for the whole month of January 2015 and 2014. During these 3 days, the incidence of daily admission for cardiovascular events requiring hospitalization raised by more than 75% (4.85 vs 8,67; p=0.0025; +78.4%; IC95% 1.44-6.15) if compared with the daily rate for the rest of January 2015. We obtained similar data when comparing rate of daily hospitalizations with the same week-days of the following week (3.67 vs 8,67; p=0.0061; +136.2%; IC95%=2.38-7.62), or also the year before at the same time (year 2014). We observed a significant decrease 3 days after the attacks (From 8.67 to 4.67; p=0.0058; –46.1%; IC95%=1.77-6.23). Furthermore we analysed more specifically cardiovascular causes and we observed a significant increase in comparison with the whole month of january of the incidence of STEMI (+180%, p=0,029), NSTEMI (+60,9%, p=0,014;), symptomatic cardiac arrhythmias (+71,9%, p=0,027;), and of heart failure (+86,7%, p=0,035;). Our data provides the evidence that a high stressful experience as a terrorist attack intensively relayed by the media induces significant admission for chest pain leading to hospitalisation for cardiovascular events.



Abstract 0565 – Figure

The author hereby declares no conflict of interest

0484

The LEADERS FREE Trial: a double blind randomized comparison of a BMS and a polymer-free Drug Coated Stent (DCS) in 2,466 patients at high bleeding risk and treated with one month DAPT only

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Background A sizeable proportion of patients treated with PCI are unable to take dual antiplatelet therapy (DAPT) for the guideline-recommended time period of 6-12 months. Optimal treatment of pts at high bleeding risk thus remains uncertain. The BioFreedom™ DCS (Biosensors, Europe SA,